

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 57554

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		2		1		
5	(1)		(1)			
6	(1)		(1)			
7	(1)		(1)			
8	(1)		(1)			
9	(1)		(1)			
10	(1)		(1)			
11	(1)		(1)			
12	(1)		(1)			
13	(1)		(1)			
14	1		1			
15	1		1			
16	2		1			
17						
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50						
TOTAL IND.	2		2			
TOTAL DEP.	17	←	14	←	←	
TOTAL CLAIMS	18	[REDACTED]	16	[REDACTED]	[REDACTED]	

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.					↓	
TOTAL DEP.					↓	
TOTAL CLAIMS					↓	